



REQUEST TO SHIFT/TRANSFER FORM

Document No.: FM-RO-11-01

Effective Date: January 15, 2016

REQUEST TO [] SHIFT [] TRANSFER

REQUIREMENTS: [] Consent Letter from Parents [] Photocopy of Valid ID of Parents

BILLING NO. _____ Amount: _____

NAME : _____ Last First Middle

STUDENT NO. : _____ CONTACT NO. : _____

QUARTER/AY : _____ PROGRAM : _____ TO _____

REASON/S FOR SHIFTING/TRANSFERRING : _____

- NOTE: 1. Submit accomplished form to the Customer Service Section. 2. Follow up your request after three (3) working days at Window No. 2. 3. If approved, please report to the Section Chief of your NEW PROGRAM for evaluation.

Student's Signature/Date

CLEARANCES:

Table with 3 columns: Center for Guidance and Counselling, Center for Student Advising, Office of the Prefect of Discipline

TO BE FILLED OUT BY THE OFFICE OF THE REGISTRAR

Table with 5 columns: ACADEMIC YEAR, QUARTER, WEIGHTED AVERAGE, COURSES FAILED, ACADEMIC STATUS

PRESCREENING : Qualified to shift/Transfer? [] Yes [] No [] For interview _____

Table with 3 columns: Prepared by/Date: RO Personnel, GWA, Approved by/Date: Registrar

TO BE FILLED OUT BY THE ACCEPTING SCHOOL

Student is allowed to shift/transfer to (program) : _____ Effective _____ TERM/AY _____

REMARKS :

Table with 2 columns: Printed name of Dean/Program Chair, Signature of Dean/Program Chair